U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

FILED 2008 JAN 11 AM 9:01 CLERK U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY DEPUTY

PLAINTIFF: Carmen Powell

COURT CASE NUMBER: 07CV1836-JAH (JMA)

DEFENDANT: Julie Smith, Social Worker

TYPE OF PROCESS: Summons and complaint

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Julie Smith

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code): 1000 Bay Marina Dr, National City, Ca 91950

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Carmen Powell
372 Bay Leaf Dr
Chula Vista, Ca 91910

Number of process to be served with this Form - 285: 1

Number of parties to be served in this case:

Check for service on U.S.A.:

RECEIVED 2007 DEC 27 U.S. MARSHAL SOUTHERN DISTRICT CALIF.

Rev'd/Val Cf

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):*

619 336-5777
1000 Bay Marina Dr
National City, Ca 91950
or County Council
4955 Mercury St
San Diego, Ca 92111
Official/Individual Capacity

Signature of Attorney or other Originator requesting service on behalf of: [signature]

☑ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER: 619 420-4204

DATE: 12/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only first USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	1	98	98	[signature]	12/27/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*: Eloisa Hermosillo, clerk/personal asst.

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address *(complete only if different than shown above)*:

Date of Service: 12/31/07 Time: 1100 am pm

Signature of U.S. Marshal or Deputy: [signature]

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)